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DERMOID TUMOR OF THE CONJUNCTIVA.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY F. P. SPRAGUE, M.D.

S. G., a girl eight years of age, was brought by her mother to the Massachusetts Charitable Eye and Ear Infirmary, on account of what she called a wart on the ball of the left eye. Examination showed a small, elevated growth, situated on inner edge of cornea, in its horizontal median, implicating both that structure and the sclerotic; about two thirds of it resting on the sclerotic, the remaining third obscuring the cornea. It was of oval shape, about four lines in length, a little less in width, and about two lines in height, its greatest length corresponding with the horizontal diameter of cornea. It presented a smooth, rounded, projecting surface, of white, glistening appearance, being covered with conjunctiva, in the same way as the rest of the sclerotic. There were no vessels leading to it, or any evidences of inflammatory origin.

Its most peculiar characteristic, and the one which caused application for relief, was the presence of hairs, springing from its surface, resembling, in size and tendency to curvature, ordinary eye lashes. They were directed transversely across the cornea, to the surface of which they were so smoothly applied that they seemed to produce but little irritation. The eye was, however, slightly injected and lachrymose. The mother had been accustomed to remove these lashes with her fingers, which she was enabled to do by working the lids, so as to get the hairs to project between them. On being questioned as to history of growth, she stated it was congenital, that she thought it had increased slowly in size, and that the hairs had not been noticed till three or four years previously.

The hairs were removed by forceps, and excision recommended, which was consented to and performed a few days later. The only difficulty experienced in the removal was in obtaining a hold of the tumor, which presented a surface as dense and slippery as polished bone, defying the ordinary toothed forceps, and compelling recourse

to a small, sharp hook. It was easily dissected off, when a hold had once been obtained, leaving in place of the elevation a corresponding cavity of both cornea and sclerotic.

A few hours later, the growth was given to Dr. Calvin Ellis for examination under the microscope. At that time it had shrunk into a dried and shrivelled mass, which seemed to consist almost entirely of condensed fibrous tissue, with very few nuclei.

The removal caused no irritation; it left, of course, an opacity of the cornea, corresponding to place of tumor.

Remarks.—I have been induced to report this case from the impression that these little tumors are quite rare. On looking over several authors I could find no mention of them till I took up "Wecker on Diseases of the Eye," a work now issuing from the French press. Wecker seems to have carefully collected all the observations on the subject, which, however, are few in number. He mentions only one case as seen by himself. He adopts the name of dermoid tumor for the growths in question, considering their structure as identical with that of the skin. This view is substantiated by microscopic examinations. It appears from the observations quoted that these "dermoids" may vary in size, from a split pea to a cherry (?), the color being white or grayish yellow; that they may or may not present hairs, but are generally found without; that they constantly occupy the edge of the cornea, resting partly upon it and partly upon the sclerotic, the conjunctiva covering a part of the tumor, and losing itself insensibly over the corneal portion. It is oftenest found upon the external and inferior corneal border.

Prof. Rybas, one of the authorities quoted, maintains that the "dermoids" must not be confounded in structure with warts on the skin, the latter consisting essentially of a localized hypertrophy and elongation of the papillæ, the whole covered with a thick and elevated conch of epithelium. Lately many microscopic researches have been made. They have shown a more or less complete identity of the "dermoids" with the skin, but the presence of hairs is not always demonstrated. It is an interesting fact, and one that has given rise to a curious theory as to the production of these tumors, that they are often accompanied by a coloboma of one of the eyelids. The theory alluded to is by Prof. Rybas already mentioned, one of the authorities who seems to have bestowed the most pains and research on this matter, and I will quote it in his own words, which are as follows:—

"It is well known that the conjunctiva, in the early stages of fœtal development, has a structure completely identical with that of the integument in general, and that before the development of the eyelids it is smooth and stretched upon the eyes. This part of the skin becomes gradually thinner, and after the tenth week it forms at the superior and inferior periphery smooth elevations (rudiments of eyelids), which towards the end of the third month, or at the

commencement of the fourth, come in contact, adhere and unite. It follows that the horizontal median of the eye, where hitherto the dermoid of the conjunctiva has been exclusively observed, is left a longer time uncovered by the eyelids. All parts of the cutaneous system, which, till the perfect development of the fœtus, rest exposed at the surface of the body, acquire gradually the structure known as the well developed cutaneous integument, while, on the contrary, the portions of the skin folded inwards, are transformed into mucous membrane.

Suppose now that the eyelids, which should touch each other at the median line, do not completely close, so that after the fourth month there still remains a part of the conjunctiva uncovered, it will result that this part will assume the properties of the external integument, and that the opening, left by the imperfect closure of the lids, will be filled, as if by a third eyelid, isolated upon the globe. This is why I have already, in 1858, submitted to the attention of observers the question, if there be not a correspondence between the "dermoids" and congenital coloboma of the eyelids.

A relation of this kind seems to have been established in a case observed by M. Ammon, where the coloboma of the upper eyelid corresponded in its position and direction, to a conjunctival dermoid, planted at the superior part of the globe. A similar case, that is, where a congenital coloboma was combined with an alteration and thickening of the conjunctiva, is reported by Meyer, who says—"There was at the intermediary part (of the conjunctiva of an infant), a vascular mass, placed upon the globe of the eye; it was prolonged to the transparent cornea, and performed the office of a tendon, which approximated the two parts of the eyelid, when the child wished to close the eye."

Weeker remarks that this theory, though requiring a greater number of observations to substantiate it, seems the best adapted to make known the origin of congenital dermoid.

I will add, that in the patient under my charge, though I do not remember anything unusual about the lids, not having my attention particularly called to them, that there was a malformation of the mouth, consisting in its prolongation on the left side (the same side as the eye affected), and that the left ear presented a curious projection, springing from its anterior cartilage, apparently a fatty species of tumor.

An English Hospital in Paris.—The Messrs. Galignani, of Paris, have built and endowed an hospital for the English poor residing in the city. It is situated on the new Boulevard de Bineau, and contains twenty-five beds. It is placed under the direction of an English Sister of Charity, and two English surgeons have undertaken to give gratuitous attendance.—*London Lancet.*

CLINICAL CASES IN THE CITY HOSPITAL, ALBANY.

Reported by Ira D. Brown, Resident Physician and Surgeon.

[Communicated for the Boston Medical and Surgical Journal.]

Radical Cure of Prolapsus Uteri.

Harriet F., aged 47, widow, was admitted to Hospital in August last, suffering from prolapsus uteri, to which she had been a martyr for more than eight years, the prolapsus coming on immediately after the birth of her second child. During these eight years she had been treated by several physicians, had used astringent injections, worn various kinds of pessaries, &c., without relief. The entire uterus protruded at the external labia, presenting the appearance of a good sized pear, the strain upon the ligaments producing great pain. So great was its disposition to fall down, that the uterus could not be kept in the vagina when the patient was in the recumbent position.

Dr. March operated September 30th. The uterus was pushed up within the vagina and held there by the handle of a knife in the hand of an assistant. The labia were then denuded of mucous membrane with the knife and scissors over a space of some two and a half inches in length, and were brought together by means of the quill suture, the object being to promote adhesive inflammation between the two cut surfaces, leaving a small opening above and below, sufficient for the discharge of urine and vaginal secretion. The patient having ceased to menstruate, and being a widow, readily consented to this partial closure of the orifice of the vagina, when it was explained to her that it would effectually prevent falling of the womb from which she had so long suffered. A catheter was introduced into the bladder and the patient was placed in bed, the mouth of the catheter being placed in a bottle in such a manner that the urine could flow into the latter.

The wound healed kindly, and the sutures were removed on the fifth day, when it was found that the labia were united by the first intention. A little sloughing occurred at the lower portion of the wound, which was corrected by the application of caustic to the edges and the use of a single wire suture. The latter was removed on the eleventh day, the catheter having been removed on the eighth. Three weeks after the operation the patient sat up several hours, and in four weeks was walking about entirely free from the pain that had been her constant attendant for eight years. She was discharged cured, November 7th, expressing great gratitude for her recovery. I saw the patient again, December 1st, and learned that she continued entirely free from prolapsus.

Incipient Hip-Joint Disease Mistaken for Dislocation.

Allen Holden, a boy 14 years of age, was admitted to Hospital Nov. 21st, having been sent from the town of F——, about eighty miles from Albany, to be treated for what his attending surgeon had

diagnosticated as irreducible dislocation of the head of the femur. The patient was a stout, well-built lad, who had been hearty and active until eleven days previous to his admission to the Hospital, when he fell down the hatchway of a canal boat, a distance of about eight feet, twisting his thigh violently, but producing very little contusion. After the accident, he was unable to walk; the limb seemed lengthened, his toes everted, and two physicians who were called pronounced it a case of dislocation of the head of the femur downwards into the *obturator foramen*. An effort was made to reduce the apparent dislocation, without restoring the natural appearance of the limb. The surgeons attending then placed the patient under the influence of chloroform, and set to work with a couple of stout men to assist. After some very vigorous pulling, the effort at reduction was abandoned, and by advice of the doctors, the patient was sent to this Hospital and placed under the care of Dr. March.

The following were the symptoms apparent on the patient's admission, eleven days after the accident:—Some soreness in the joint; an apparent lengthening of the limb, so that the internal malleolus of the affected limb was two inches below that of the sound one, when the patient lay upon his back. The same lengthened appearance was perceptible when the patient attempted to stand. The limb could be rotated outwards and inwards freely, however, and could likewise be carried across the other leg without causing pain. The toes were somewhat everted. Notwithstanding the apparent lengthening of the limb, which was a most prominent symptom, measurement with a tape line from the anterior superior spinous process of the ilium to the internal malleolus showed no difference in the length of the limb as compared with its fellow. This measurement was tried over and over again by different persons present, and with the same result. There was no difference in the length of the legs by the tape line, notwithstanding the fact that any person could see at a glance that the malleolus of the affected limb was fully two inches below that of the sound one. On passing a line from one anterior superior spinous process to the other, it was found to run diagonally, and hence it was obvious that the apparent lengthening was due to a tilting downwards of the pelvis, and not to any lengthening of the limb itself.

The diagnosis was, therefore:—No dislocation at all, but symptoms of hip-joint disease *(morbus coxarius)*, in its incipient or forming stage, following, as it probably always does, a traumatic injury of the joint.

The patient was put to bed and ordered to remain perfectly quiet. Warm emollient applications were made to the hip; a purgative was administered, and after its operation, alterative doses of calomel with Dover's powder were given.

Under this treatment the improvement was remarkable. The soreness disappeared, and—more wonderful still—the symptoms of dis-

location which had so much troubled the doctors at F——, also disappeared. In a few days the lengthening was scarcely apparent; the two malleoli came opposite each other, and at the end of a week the patient could step on the affected leg. He was taken home after remaining in the Hospital eight days, but was directed to keep quiet for two or three weeks as the most effectual method of guarding against the serious disease of the joint with which he was threatened.

The case may be of interest to many professional gentlemen, and may save them the chagrin of having attempted to reduce a dislocation where none existed. In this instance it cannot be doubted that the severe pulling given to the limb increased the danger of hip-joint disease.

CLINICAL LECTURES ON AMBLYOPIA AND AMAUROSIS, BY PROF. A. von GRAEFE.

[Continued from page 380.]

The course of the most desperate form of amaurosis is as follows. Slowly, but not regularly so, in the course of months or years, the field of vision of the first eye becomes contracted (generally irregularly, laterally), its acuteness of vision diminishes, atrophic degeneration of the papilla takes place, and the organ is lost, while after the first eye has begun to be affected, sometimes not till after its entire loss, the second commences to run the same course. These cases are, indeed, utterly hopeless; they are regarded as a *noli me tangere* by the experienced physician, who cautiously refrains from active treatment, knowing that this may easily harm, and at the best can be but of little service.

A few remarks may be added on the nature of amaurosis. Where there are no objective intra-ocular symptoms in cases of impaired vision, we are apt to speak of cerebral or spinal amaurosis. In the more favorable and curable forms of amblyopia there must exist anomalies in the circulation or nutrition, to which pathological anatomy gives in general no satisfactory solution. In those cases, too, progressing towards blindness and attended with disorganization of the papilla, we are by no means invariably able to find evidences of change in the central organs. Atrophy of the nerve-fibre and ganglion-cell layers of the retina is generally found; at the same time, also, atrophy of the optic nerves, sometimes stopping at the chiasma, sometimes prolonged beyond, coupled with atrophic alterations in the thalami and corpora quadrigemina. If, accordingly, the amaurotic process is to be regarded as no more than a progressive atrophy of the optic nerve and retina, an atrophy the course of which —whether towards or from the centre—is still doubtful, it is yet undeniable that this partial atrophy is associated in a considerable proportion of the cases with a widely diffused affection of the cen-

tral nervous system, and may therefore be regarded in some cases as a remote consequence, in others as simply indicating the region in which the disease first makes itself felt. Especially interesting is the connection of progressive amaurosis with paralysis and mental alienation, and thus with gray degeneration of the spinal cord. It is well known that amaurotic affections not infrequently supervene on disordered states of the intellect; but sufficient stress has not been laid upon the fact that a large number of those attacked with amaurosis, who were in perfect possession of their faculties when first affected, are subsequently the victims of dementia. While, therefore, amaurosis may not infrequently be looked upon as a premonitory symptom of mental derangement, the reverse is almost without exception the case in gray degeneration of the spinal cord. Characteristic symptoms of the spinal affection (impairment of sensibility) have become settled before the advent of the amaurotic affection. This may be explained by the anatomical fact that the course of the degeneration is from the vertebral column towards the interior of the skull. Of all the many cases of spinal amaurosis (forming, as they do, some thirty per cent. of the graver forms of progressive amaurosis) which came under my observation, I can recollect but two instances where the disease progressed in an opposite direction. In the one the amaurotic long preceded the spinal affection, the patient having been entirely blind five years before the first eccentric pains, followed by the usual signs of tabes, made their appearance. In the other, the amaurotic affection had also lasted several years, but at the time of occurrence of the spinal disease there remained some perception of light in one eye.

As many different opinions prevail concerning the minute anatomy of progressive atrophy of the optic nerve, as with regard to its kindred affection—gray degeneration. Have we to do with a primary inflammation in the interstitial connective tissue of the nerve, terminating in the disappearance of the conductive elements, or are we to regard the disease as a genuine atrophy and to consider the connective tissue, which has taken the place of the nervous elements, simply as a supplementary structure? Certain symptoms during the course of the disease, such as attacks of frontal headache, altered demeanor, sleepiness, which often disappear as the blindness progresses, offer us a strong inducement to clinically maintain the hypothesis of a primary stage of inflammation. Still we must admit that these signs allow of a double interpretation, and that the violent eccentric pains which accompany tabes dorsalis give much more ground for supposing previous inflammation. And yet the fashionable theory of this disease inclines more than ever to genuine atrophy. A decision based on anatomical grounds, which should be final, is a matter of great difficulty, the opportunities of examining the disease in its earlier stages being so rare. It may be regarded as a fixed fact that there is no question of an inflammation of the nerve connective

tissue, in the ordinary sense of the word, in amaurosis or tabes dorsalis. The best proof of this is furnished by the inspection of the optic papilla, a thing possible from the first stage of the disease. The changes here are essentially different from those of neuritis, of which we may obtain so perfect a picture. But we see that the change in the connective tissue is not always the same. Sometimes we have a simple loss of substance (atrophic excavation), the most perfect type of a true atrophic process; sometimes there occurs a gradual consolidation of the connective tissue (the papilla growing smooth, white and opaque, while the lamina cribrosa becomes hidden), in which case the connective tissue may be the seat of some very delicate inflammatory process, very different from the ordinary one. But enough of this. We have speculated beyond the limits allowed by our empirically acquired facts, and ventilated certain obscure questions more than in the present state of science may be profitably done. Let us return to the examination of cases, and attempt to utilize what has been brought forward in the study of the various forms of disease.

Case I.—*Curative form of Congestive Amblyopia, with Normal Field of Vision.*

Florian M., railway employée, æt. 49, of healthy appearance, cheeks and extremity of nose of rather a venous redness, comes on account of impaired vision of both eyes. This has been creeping on for the last twenty months; at first very gradually, during the last four months, however, has perceptibly increased. The functional examination shows that the acuteness of vision (tried by average daylight) has fallen in the right eye to $\frac{1}{6}$, in the left to $\frac{1}{7}$. The periphery of the field of vision (examined by softened lamplight) proves to be *absolutely normal*, and in accordance with this there can be found neither interruptions, misty spots, nor breaks in the acuteness of eccentric vision. Inspection discovers nothing abnormal about the exterior or interior of the eye; indeed, in spite of the already considerable duration of the disease, the papilla retains its delicate red, semi-transparent color.

Its nasal segment is appreciably more reddened than the temporal, owing to the greater number of small vessels and the thicker layer of nerve-fibre in the first direction. To this may be added that the inner is not so sharply defined as the outer edge of the choroid, still a careful inspection reveals the whole contour. Such a condition of the papilla may be regarded as entirely physiological, provided nothing abnormal be found in the vessels and the tissue. It is more or less marked, according to natural varieties in the optic nerve, and shows best generally in a case of physiological excavation. The larger veins are well filled, but are not abnormally tortuous, either as regards their own axis or the plane of the retina. We cannot, then, consider this as a symptom of disease; all the less, in fact, because the patient's complexion bears evidence of habitual venous engorgement.

An investigation of the case shows that the patient has for a long time indulged moderately in brandy, drank large quantities of beer, smoked considerably, and had his rest broken by the duties of his

calling. He has suffered from neither digestive nor cerebral disturbance, and enjoyed good health. The result of the examination of the organs of respiration and circulation, the pelvic viscera, the skin and the urine is negative.

As regards the *prognosis* of this case, we may venture on an opinion in every respect favorable. In the first place, a progressive blindness is not to be feared in the least; for in spite of the long continuance of the disease the boundaries of the field of vision prove to be entirely normal. But we may even speak confidently of improvement and restoration of vision, for (1) the continuity of the field of vision is entirely uninterrupted; it is only an affair of general diminution of sensitiveness, no indication of a central scotoma being present; (2) the appearance of the optic papilla is unchanged; notwithstanding the difficulty has lasted two years, there is no trace of atrophic degeneration; (3) in the habits of life of the patient we find palpable causes, amenable to therapeutic influences, and of a kind that experience teaches us may produce derangements capable, to a certain extent, of removal.

It would be a difficult task to accurately explain the *nature* of this affection. No signs of active cerebral congestion exist. The venous redness of the face and the predisposing causes render probable a so-called passive congestion; this expression, however, conveys but a limited amount of information. Suppose the case to be one of an inundation of the central nervous structures with venous blood, or of a want of rapidity in the movement and change of the blood itself, or let there be a diminished activity of function on account of the blood being overloaded with alcoholic and narcotic substances—every one of these suppositions would be explained on the ground of "passive congestion of the brain." The only general and satisfactory use of this term is, therefore, in cases where, there being no signs of active congestion, the functional as well as the nutritive activity of the cerebral centre of the optic nerve has been reduced by influences springing from the source alluded to and acting through the circulation.

How is the *cure* of the case to be effected? First, of course, by paying a proper regard to its cause. The use of alcoholic beverages must be given up, that of tobacco reduced to a minimum, regularity in diet and sleep insisted on. Not infrequently is this course alone sufficient to cause a gradual retrogression of the symptoms in cases of this form of amblyopia. Experience teaches us, however, that there are more efficient means of securing and hastening a favorable result. As regards local depletion, a rapid evacuation of the blood is here of special importance. I was some time since led by this to appreciate the application of the leech of Heurteloup in the treatment of congestive amblyopia, and the method based on this has found much favor with the profession.

A good deal depends here on the manner of application. If the operator to whom we commit the task is not competent to fill a cylinder in a few minutes, the particular advantage* of this method is lost. The application must be made in the evening, so as to give the full benefit of the night's rest. It is, moreover, desirable in many cases that the patient should preserve perfect quiet the next day and remain in a dark room. As the importance of this precaution in such case depends on a careful consideration of the individual circumstances, it is best to regard it as a general rule. It is of consequence on account of the excitability of the cerebral circulation, or—if preferred—of the vaso-motory nerves. In cases where this is considerable, each application is followed by a period of excitement, characterized by derangements of sensibility of every kind, sometimes by subjective appearances of light, and even by some diminution of the acuteness of vision. This period of "reaction," lasting only in exceptional cases more than a day, should be prepared for by entire bodily rest and a strict seclusion from light. This state, moreover, is least marked in cases of amblyopia arising from passive cerebral congestion, and most so in certain affections of the choroid; the period of rest, therefore, is less indispensable in the former case than in the latter. From two to four ounces of blood should be taken at each application. And this should be repeated at intervals of four, six or eight days, according to the constitution of the patient and the duration of the period of reaction. A careful examination of the acuteness of vision instituted directly prior to and two days after the application (the period of reaction being thus passed) will decide the propriety of repetition. Where the acuteness of vision has not been affected by two, at the most by three applications, they should be omitted. But even where a perceptible effect is noticed, I do not advise a too frequent repetition in cases of passive cerebral congestion, although of course the state of the constitution must influence the decision in individual cases. For it has been ascertained that those cases which evince improvement after the first three or four bloodlettings, do better under diaphoretics than by a continuance of the abstraction of blood, and it is our duty—other things being equal—to give the first named the preference as a less severe course.†

Our diaphoretic treatment was principally (in imitation of many older practitioners) carried out by means of the decoction of Zittmann, not because any specific effect is to be attributed to the separate ingredients of this complex draught, but because experience has shown it to be an excellent diaphoretic of proved worth. The strong decoction, warmed, was therefore given at an early hour to the

* Be it said, in this connection, that the Heurteloup leech, rendering, as it does, most valuable service in congestive amblyopia and chronic affections of the choroid, is by no means as good as the natural one in the treatment of the different forms of ophthalmia. It is here that we derive more advantage from a prolonged suction and a continuous flow of blood than from the rapidity with which it is lost.

† Although warmly recommending the Heurteloup leech in cases of amblyopia with passive cerebral congestion, I am willing to admit that some cases derive more benefit from other measures. This is especially the fact when the excitability of the circulation is extremely pronounced. Here the period of reaction is seen to be abnormally lengthened and indisposed to yield to the desired remission. In such cases a decidedly better result is often obtained from cupping in the neck, in hæmorrhoidal affections from leeches to the anus, and in disorders of menstruation from cupping on the inside of the thighs; indeed, under these circumstances the Heurteloup leech may even increase the disturbance and harm the case. The question so often raised in practice as to whether the removal of blood shall take place from the immediate vicinity or at some distance from the affected part, depends in a measure on the method employed, and especially on the degree of excitability, and considerable caution must be used in answering the question in the first sense. A common mistake in cases of ophthalmia is to place the leeches nearer the eye than consorts with the sensitiveness of this organ and the surrounding structures. Further individual circumstances may sometimes induce us to employ other applications in preference to the Heurteloup leech on the temple, as when the disease seems, for example, to be connected with the cessation of habitual epistaxis, or of a hæmorrhoidal flow, &c.

patient in bed, and its action on the skin assisted by means of woollen coverings and afterwards by elder-tea, while on the other hand no special restrictions with regard to diet, as is generally the custom when this preparation is used, were imposed on the patient; a walk, too, in the afternoon was allowed when the weather was favorable. Of late we have been more sparing in the employment of the decoction of Zittmann, having learned to recognize a thoroughly invaluable therapeutic agent in well-appointed Roman baths.*

The patient was again presented at the clinique four weeks after the commencement of his treatment. His course of life had been regulated and the Heurteloup leech applied three times, in consequence of which his acuteness of vision had successively increased from $\frac{1}{6}$ on one side and $\frac{1}{7}$ on the other to $\frac{1}{4}$ on each. Following this, a Roman bath had been taken every three days. No result followed the first bath, except a headache which lasted twelve hours, owing to the fact that he had not remained long enough in the sweating room and had been disturbed by the application of a cold douche at the wrong time. The next baths, in the administration of which these points were attended to, produced an excellent result, the acuteness of vision having risen, after the fifth had been taken, on the right to $\frac{2}{3}$, on the left to more than $\frac{1}{2}$. A speedy and entire recovery is therefore no longer doubtful.

Von Graefe remarks, in conclusion, as follows. Recovery does not follow as rapidly in all these cases of amblyopia as in the present. If, however, appropriate treatment succeeds in once causing the affection to take such a turn that the acuteness of vision begins to increase, we may reckon with nearly entire confidence on a gradual and almost spontaneous improvement, provided the cause of the difficulty continues to be avoided. The attempt must not, therefore, be made to perfect the result by continuing the employment of vigorous measures during a prescribed time, but rather, after the first blow has been administered to the disease, it should be left to itself awhile, after which the former treatment may be resumed. Thus the entire amount of previous vision may often be seen to return in the space of several months or more. On the other hand, a strong tendency to relapse may be manifested, when, owing to a faltering resolution or the pressure of circumstances, the patients again come within the influence of the previous exciting cause of the disease; in fact, such relapses may exhibit a paralytic tendency, differing from

* My first inducement to employ Roman baths in cases of amblyopia with passive cerebral congestion was furnished me by a patient who had been but moderately benefited by a course of decoction of Zittmann, and who entirely cured himself of his amblyopia by remaining in the warm boiling-room of a sugar-factory, the heat being nearly 40° (122° Fahrenheit). Great advantages as the Roman baths possess in most of these cases over the Russian baths, they have, of course, their contra-indications, among them the more active states of congestion, and especially cardiac and renal affections, an apoplectic tendency and undue excitability of the circulation.

[These "Roman baths" are known in this country as Turkish baths, and differ from the Russian in the employment of dry heat instead of vapor.—TRANSLATOR.]

the previously mild form (as in the case of amblyopia potatorum). This teaches us how necessary it is to lay particular stress on the manner of life of such patients and regulate their labor. Finally, be it remarked that while we very frequently employ the course that has here proved itself efficacious, it should by no means be regarded as the exclusive method of treatment in such forms of the affection. No cases need more individual study than those of amblyopia, and the physician who after a single and hasty survey undertakes to give such patients advice available for some time to come, commits a serious fault. The derangements in the circulation which are here concerned may spring from the most varied sources, and it is both perilous and narrow-minded to deduce them by preference from some particular organic affection, from the liver, for example, or the alimentary canal, or some irregular course of life. Abdominal disorders, it is true, often play a principal part among the causes, and in accordance with this view, we often see good effects resulting from the use of mineral springs, such as Marienbad, Kissingen, Homburg, and in suitable cases particularly Carlsbad; as a general thing, however—thanks to the prevailing tendency—the functions of the abdominal viscera occupy too exclusively the attention of the physician. The weighty functions of the skin and kidneys, so important in their effect on amblyopic affections, are among those seriously neglected through this preference. While the regularity and amount of the fæcal evacuations are anxiously dwelt upon, these principal regulators of the circulation are hardly regarded, as being of minor importance. Even the ways of life, from which but too often proceed the accumulated causes of derangement of the circulation, are often but carelessly scanned by the physician, and as a matter of course made light of by the patient. If the sleep be not particularly disturbed, little is said about it, and yet good and regular sleep affords the most grateful refreshment to the unceasingly active nerve of vision. To be here a successful physician, one must examine with extreme care and weigh the result with foresight and impartiality.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. BY JOHN GREEN, M.D., SECRETARY.

SEPT. 30th, 1865.—*Successful Removal of the Uterus—Ovariotomy.*—Dr. H. R. STORER reported a case of large abdominal tumor, in a woman 47 years of age, which, from its localized fluctuations, might have been supposed to be a multilocular ovarian cyst, had it not been for peculiarly solid tumors in the right iliac region. Under ether, he made vaginal and rectal examinations, the former being very difficult, ow-

ing to extreme narrowness of the vulva. The disease was of five years' standing, and the patient was ready to submit to anything which might offer the chance of relief. She was kept a month under observation, and was treated during this time by the tincture of chloride of iron, together with pills of two or three grains of dried ox-gall twice a day.

September 23d, with the assistance of Drs. Dix and Langmaid, Dr. Storer operated by an incision five and a half inches in length. An elastic tumor presented itself, having extensive adhesions—on the right to the mesentery, and on the left to the peritoneum. On freeing this tumor from its adhesions and lifting it up from its bed, a second growth was found occupying nearly the whole pelvic cavity, and connected with the first by a slender pedicle. The second tumor was removed by constricting its neck with the chain of the ecraseur; it proved to be the uterus, and was cut off through the cervix. About ten ligatures of wire were used in securing the bleeding vessels, and they were allowed to fall back and remain in the abdominal cavity. The pelvic cavity was freely exposed to the air during an hour before the oozing ceased. The external wound was closed by five sutures of wire. The patient was kept etherized during three hours. No especial attention was paid to the temperature of the room. The weight of the masses removed was thirty-seven pounds. The tumors were exhibited by Prof. Jackson, and their several relations, as shown by careful dissection, exhibited—they being an instance of the rare fibrocystic disease of the uterus, so called.

The external wound united by first intention. No suppuration occurred.

Oct. 28th.—Dr. Storer reports that "the patient has steadily convalesced, without a single bad symptom; has been upon her feet for some days, and intends leaving for home to-morrow. She is now upon her thirty-fifth day from the operation."

Nov. 28th.—She is reported as "perfectly well."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 14, 1865.

Ovariotomy—The Operation in France.—Perhaps there is no question in surgery on which the medical profession are more divided at the present day than upon the expediency or justifiableness of ovariotomy. The great success of some operators in whose practice the mortality has been reduced so low as thirty, twenty per cent., or even lower, while in the case of others it has been as high as seventy per cent., would seem to make the issue of the operation to depend very much on the individual skill and judgment of the operator. As is well known, this operation has not hitherto stood well in the estimation of French surgeons. M. Koeberle, of Strasbourg, however, has recently done something to shake their confidence in this position by operating with success in twelve cases out of thirteen. A recent letter from Paris, by Prof. Charles A. Pope, of St. Louis, published in the *St. Louis Medical and Surgical Journal*, gives an interesting and instructive account

of this operation as done at the Hospital Lariboisière under his own observation. If this is a fair sample of the operation as done in Paris, we think our readers will agree with us, that much is yet to be learned by our French brethren as to the true methods of doing it before they will be in a position to pronounce with authority upon its advisability. In a previous letter, Dr. Pope had given an account of the same operation done unsuccessfully by M. Nélaton, which he criticized with great freedom. The following is an extract from the letter referred to :—

"If the last case of M. Richard be a sample of the method of performing the operation, it will sufficiently account for the fatality of such attempts in the Parisian hospitals, and of the general prejudice which exists here against the operation, Velpeau and the older surgeons strenuously condemning it.

"The patient of M. Richard was a young woman, not much emaciated, and in a comparatively good state, who had been afflicted for nearly two years. The tumor was unilocular, and of large size. Chloroform being administered, an incision was made from a little below the umbilicus to the symphysis pubis, through the linea alba to the cyst, which was found adherent. Every little vessel was most carefully secured. The sac was now punctured by a large-sized trocar, *ad hoc*, intended in cases of non-adhesion to empty the sac without allowing the escape of the fluid into the peritoneum, which is accomplished by a mechanism holding the walls of the sac and the peritoneum firmly together. The adhesions being neither very firm nor extensive were easily overcome, when the emptied sac was lifted out, and its pedicle secured by transfixion with a needle armed with a stout double ligature and a firm knot made on either side. The peduncle was now severed. Then commenced the search for the minute vessels, and numerous ligatures were applied. In seeking for every minute orifice, although having an opening of eight inches, the surgeon further divided the abdominal walls with a pair of scissors, and applied additional ligatures, both to the walls and to the interior of the abdomen. As there was still some slight oozing, a second *débridement* of the abdominal walls was made with the scissors as before, the incision now reaching to the xyphoid cartilage, which, as he could go no further, seemed to satisfy the surgeon. Whenever a single drop of blood, venous or arterial, could be espied, the operator, after much sponging, seized it largely with his forceps, and an aid, throwing on a ligature, included quite a mass of tissue. In every case, both ends of the ligature were cut short off. The liver, spleen, bowels, uterus and bladder were pulled and hauled, and their surfaces constantly dabbed and rubbed with sponges, the operator remarking, meanwhile, that the peritoneum was a '*très bon garçon.*' It is true that this membrane will bear much, but why the surgeon should think that the presence of a few drops of blood would prove more harmful than his rough sponging, ligature-nooses and sloughs, is almost beyond belief. The operation lasted three hours by the watch, and the exact number of ligatures—complete notes having been kept throughout the operation by an *externe*—was *sixty-one*.

"The external wound was now brought together by silver sutures, the peduncle, after the manner of Dieffenbach, having been secured in the lower part of the external incision; over the wire sutures, a mul-

titude of narrow adhesive plasters, six inches long, were applied, one over the other, like a scultet bandage, the whole length of the wound; over these again there were long transverse bands of sticking plaster, and over these fenestrated compresses of thin cloth, smeared with a blackish anodyne salve, covering the whole abdomen; and over this again were placed thick layers of cotton batting; and lastly, over all was secured the ordinary body bandage. This was called a dressing 'by occlusion.' But of what use was the occlusion when the abdomen had been so roughly handled and exposed for three mortal hours; when the numerous nooses, and their included sloughs, were all carefully kept within the abdominal cavity? The patient's doom was necessarily sealed; nor can I conceive how, under the most fortunate circumstances, it could have been hoped that so many foreign bodies could have found their way out alongside of the included peduncle. The patient died the same night, reaction not having been established.

"I could not help contrasting this operation with one of my own successful ones, in which the adhesions were very firm and extensive, made more so, perhaps, by the repeated injection of iodine. I divided the peduncle with the ecraseur; did not apply a single ligature; brought the wound together by silver sutures, and applied a few broad, adhesive strips, a light compress and the usual body bandage.

"Good fortune has much to do with the success of an operation, but a worse one than this of M. Richard I have seldom witnessed. In relying on the *très bon garçon* peritoneum, he certainly imposed on its goodness. On its conclusion, the surgeon congratulated himself on having thoroughly performed all the required steps, and having neglected nothing essential to success. His error was in having done too much, and in having been over-cautious."

Cholera—The Law of the Present Epidemic.—The *Archives Générales de Médecine* for October, in speaking of the progress of the cholera, says:—

"Unfortunately, experience teaches that telluric currents, of which the existence has been so often supposed and contested, play but a secondary part. Maritime communications, subjected to all the chances of navigation, escaping all calculation, have been in the present epidemic of a very different importance. We may say that, if the cholera has radiated by land from its foci, it is by way of the sea that it has accomplished its propagation at great distances.

"Our profound conviction, shared by all who have wished to ascertain the truth, is that cholera, wherever it develops itself, is always imported, and that nowhere is it spontaneously produced. Great masses of men in motion, armies like those of the pilgrims of Mecca or of India, are so many moving foci, which, after having, so to speak, hatched the disease, convey it about. In 1851 it was the war in Poland; in 1848 it was Europe in arms; in 1854 it was the Crimean war. Thank God, the cholera has not at the present time these formidable auxiliaries.

"Unfortunately, it has a power of progression, which seems to be inherent in the disease, and which compels it to continue its march, after stopping for a time in each great centre of population. By one

of those laws which impress upon epidemics a strange individuality, cholera stops and remains stationary for a length of time, which may be almost determined in advance. When once its fatal purpose is accomplished, it quits the focus where it has been concentrated and resumes its interrupted journey. At Alexandria, at Cairo, at Constantinople, the epidemic continued from six weeks to two months. Neither atmospheric changes, nor precautions of any kind, nor carelessness or misery have abridged or prolonged its stay. If the number of its victims was diminished by enlightened precautions, the duration of the epidemic remained the same.

"Beyond this law all is doubt and uncertainty with regard to the direction which this malady will take in leaving its temporary foci; *and the propagation of cholera during previous invasions authorizes no conclusion applicable to the present epidemic.*"

We have italicized the last passage in the above extract, as it has a special significance for us on this side of the Atlantic at the present time. It expresses the opinion of one of the highest living medical authorities, and it is entirely in keeping with the views which we have heretofore expressed. It will not do for physicians here to be governed entirely by their experience during former epidemics in America, and disregard the teachings of the present hour, as they come to us every day across the water. We see physicians there, without a dissenting voice, so far as we have learned, adopting the view of the ready communicability of cholera, as the lesson of the present epidemic. Let us not hesitate to profit by that lesson, and promptly and efficiently avail ourselves of all the means which it indicates as most likely to shut it out altogether from our borders.

By the last accounts cholera seems to be disappearing from the countries which it has invaded. In England it has nearly died out. In Paris it seems to have been much more severe than has been generally surmised. During the height of the epidemic it was impossible for the public to obtain accurate data of the extent to which it prevailed, owing to the extreme reticence of the government on the subject. Of late there has been a relaxation in this respect, and the published bulletins from day to day, as late as Nov. 3d, show that the disease was rapidly subsiding. In the southern departments of France, the cases were much less numerous, especially in those which were first attacked. In Spain the disease has nearly disappeared. In Italy it still prevails in a number of places, but the number of cases does not seem to be very large. On the contrary, it is advancing northward through Russia, and is also extending into western Asia. At Malta a quarantine of twenty days is still kept up on all vessels arriving from Alexandria.

Death by Hanging.—The *Medical and Surgical Reporter*, in a notice of Dr. Alexander E. Hosack, states the following curious facts:—

"For many years, Dr. Hosack turned his attention to capital punishment, and the various modes adopted for inflicting the ends of justice on the sentenced. Especially did he study the subject of death by hanging, and purposely witnessed the execution of many criminals. The result of his examinations was to the effect that they suffered no pain, but gradually became asphyxiated and lost all power of sen-

sation. In one instance, the doctor told me that a mulatto, named Hill, had been sold as a slave to a party in New Orleans, and while on his way to Louisiana, had joined a conspiracy on board the vessel to seize the captain, and if necessary, put an end to his life. He was discovered, tried, and sentenced to be hung. Through the agency of the officiating clergyman who administered spiritual consolation to the condemned man, Dr. Hosack obtained an interview, and having explained to him his object in making this scientific request, exacted from him a promise to exhibit, as far as consciousness would admit, the state of his feelings as regards suffering while being hung. Dr. Hosack also persuaded the Marshal to permit the prisoner's arms to be bound so loosely that he was enabled to clap his hands if, as agreed upon, he did not feel pain. The day arrived for the public execution, the place was crowded and all in readiness. Dr. Hosack, as attending surgeon, was permitted to take a favorable position, and watch each movement of the dying man—a whispered recognition told him that poor Hill would keep up signals till the last—and at the given word the body of the unfortunate was hoisted up. Instantly, Hill brought his hands together and continued to clap them gently for the space of one minute and a half, at the end of that time he gradually lowered his arms, and, as it were, lost the power of discrimination, his brain being so beclouded by dark blood that he could no longer act voluntarily. A few convulsive efforts, followed by immediate death, at length closed the melancholy scene and life became extinct, at the expiration of nine minutes and a half. Now as it was directly the reverse of what the man would have done if he suffered, or the opposite of the natural motions of the arm if he had left them to their instinctive impulse, this is very decided evidence that no pain was endured, and must prove of great value to the scientific world at large, and the lovers of humanity in particular. It is rare indeed to find a punishment as degrading as hanging, and as merciful in its results.

"In speaking of the curious effects of hanging on some persons, Dr. Hosack mentioned to me that celebrated case in Paris, where the mistress of a wealthy nobleman was tried for murdering him. He had been found dead in his room, suspended by the neck. She was the last person seen coming out of his chamber, and every circumstance seemed to point against her as the perpetrator of the crime. But when called upon to answer the charge, she made a statement that not only staggered the court by its singularity, but freed her from punishment, because it was acknowledged by the Judge to be beyond the power of invention to have originated an idea so unparalleled in its uniqueness. This French woman confessed that the Duke had dissipated so extensively in his earlier days that his passionate desires could not be sufficiently roused by the ordinary methods of erotic stratagem, so that when he wished to have connection, in order to bring about priapism he was accustomed to hang himself gently and gradually, and this produced the longed-for effect. She stated that on the said melancholy occasion he had excited her anger, and she had not cut him down as soon as usual. The consequence had been death. She was accordingly discharged. Here we have an argument, startling in its character, that hanging not only causes no pain, but at least in one instance was adopted for the express purpose of gratifying the cerebellum."

Portion of Small Intestines Passed by the Rectum.—Dr. E. R. Peaslee presented the intestine of a girl of 17. In the summer of 1863, she suffered from what seemed uterine colic. She experienced several similar attacks in 1864, until she died in October of that year. She had attacks of fæcal vomiting, and her only alvine discharges were by enemata. In May, 1864, after one of these enemata, she discharged from the rectum five or six feet of what was suspected to be part of the intestine of some lower animal.

The *post-mortem* showed the small intestine to be only sixteen feet long, instead of about twenty-two as usual. Above the junction of the jejunum and the ileum, there was a contraction, and below this the intestine was small. The portion passed had doubtless sloughed off from the small intestine, after an attack of intus-susception, between four and five months before her death.—*St. Louis Med. and Surg. Jour.* from *Proceedings New York Obstetrical Soc.*

On the Germinal Matter of the Blood, with Remarks upon the Formation of Fibrin.—By Lionel S. Beale, M.B.—Applying his general views upon "germinal matter" and "formed material" to the blood, Dr. Beale believes that the white blood-corpuscle consists of the former, the red corpuscle of the latter, and that in red corpuscles possessing nuclei, the nucleus represents the germinal matter. In regard to a cell-wall, Dr. Beale urges some striking observations disproving its existence. Taking, for illustration, the red blood-corpuscle of the frog, the outer part which cannot be colored by carmine, is "formed material" which was once in the state of "germinal matter," and was capable of producing matter like itself, and of being resolved into colored formed material. But this formed material once produced cannot form matter like itself, although it can be changed, dissolved, and converted into other substances. It is the seat of physical and chemical actions alone. Vital changes are restricted to the germinal matter. In the nutrition of the blood-corpuscle, pabulum passes through the outer colored portion into the germinal matter, where it acquires the same vital powers which the germinal matter already existing possesses. When blood becomes stationary the white corpuscles and the nuclei of the red increase in size and subdivide. In such circumstances "granular corpuscles" may be developed from the white or from young red corpuscles. In adult mammal's blood are certain corpuscles, granular in appearance, colorless, and much smaller than the ordinary red corpuscles; so small, in fact, that they can only be seen by powers magnifying upwards of 1000 diameters. These corpuscles, the author believes, to consist of germinal matter which has just commenced to undergo conversion into red formed material. The red corpuscles vary in size much more than is commonly supposed, and they differ very much in transparency and refractive power, some being only just visible in consequence of the extreme transparency of the material of which they are composed.

In the second paper quoted above, Dr. Beale advances some very remarkable views. He believes in the existence of very minute particles of germinal matter (less than the $\frac{1}{1000}$th of an inch in diameter) in the blood. These masses of germinal matter multiply by a protru-

sion taking place from the surface, and final separation into two separate masses. Nuclei may arise in these masses. In inflammation of the vessels of the frog's foot, the increase of white corpuscles is not alone dependent on arrest of the circulation, but the corpuscles actually multiply in the clot. In regard to the development of cells in exudations, the author advances the view that "exudations," although clear fluids, really contain a multitude of extremely minute particles of living matter, which are intimately related to the white blood-corpuscles and that these grow and become one source of small "granular cells" or corpuscles. Further, living or germinal matter may retain its vitality, so that particles may be formed in one organism and be carried to another where they may grow. It seems to the author probable "that many contagious diseases are due not to the propagation and transference of vegetable organisms, but to small particles of living animal matter which have descended from the germinal matter of one organism, and have been transferred to another." Finally, in reference to the formation of fibrin, Dr. Beale holds that it is "the result of a vital process," that it is "formed material," and "that living germinal matter becomes fibrin."—*Edinburgh Medical Journal* and *Journal of Microscopical Science*, vol. iv., 1864.

Clinical Facilities in St. Louis.—Within the past few years the advantages for clinical teaching in St. Louis have so much increased, that in this respect we have the advantage of any of the Western and most of the Eastern schools of medicine.

The St. Louis Hospital, under the charge of the Sisters of Charity, is centrally situated, and has always been, and now is, a well-regulated institution. Here clinical material is made abundant, and the more so since poor persons are treated gratuitously, while out-patients, also, receive attention.

Dr. Pollak and Dr. Pope have at this establishment an eye and ear clinic three times a week, which is well attended. Here medical students may receive a practical knowledge of this important class of diseases.

The City Hospital, on the corner of Soulard and Fourteenth streets, is sufficiently accessible, being near the line of the People's Railroad. This building is capable of containing three hundred patients, and is generally well filled. Being purely a charity, it receives every variety of medical and surgical malady.

Through the kindness of the Board of Health, members of the Faculty of the St. Louis Medical College are Consulting Physicians and Surgeons, and visit it as often as their services are required; while Dr. Paddock, the accomplished and experienced physician in charge, is careful to do all in his power to furnish suitable cases for bedside teaching.—*St. Louis Medical and Surgical Journal.*

Auxiliary Faculty of Medicine in the University of Pennsylvania.—At the meeting of the Trustees of the University of Pennsylvania held on the 7th of November, the following gentlemen were elected to fill the chairs in the new faculty recently created by the munificent endowment of Prof. Geo. B. Wood :—

1. Zoology and Comparative Anatomy, Harrison Allen, M.D.
2. Botany, Horatio C. Wood, M.D.
3. Mineralogy and Geology, J. C. Hayden, M.D.
4. Hygiene, Henry Hartshorne, M.D.
5. Medical Jurisprudence, including Toxicology, J. J. Reese, M.D. —*Medical News and Library.*

Charity Hospital, New Orleans.—The following are the names of the new Medical Board for the Charity Hospital:—Surgeons—Drs. Stone, Hunt, Holliday, Beard, Choppin and Smith. Physicians—Drs. Jones, Cenas, Richardson, Nott, Tebault, Herrick, Drew, Shephard, Brickell, Crawcour, Fenner, Campbell, Hart, Semmes and Purviance. Edward M. Quirk is retained as Secretary of the Board of Administrators.

A new semi-monthly medical journal is about being started in New York, to take the place of the deceased *American Medical Times*, and under the charge of one of the editors of that journal. We are glad to make the announcement, and hope the new journal will meet with a better support than its predecessor. It will appear early in January.

Dr. Bennet Dowler, the former well-known Editor of the *New Orleans Medical and Surgical Journal*, proposes to commence a new series of that work early in the coming year, if sufficient patronage is promised. The work is to be bi-monthly, at $5 a year.

The *Savannah Journal of Medicine* is announced to appear in January—a bi-monthly of 72 pages, at $4 per annum. Also the *Medical and Surgical Monthly*, at Memphis, Tenn.; 64 pages each number, at $6 per annum.

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, December 9th, 1865.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - -	36	34	70
Ave. mortality of corresponding weeks for ten years, 1853—1863	38.4	37.2	75.6
Average corrected to increased population - - - - -	00	00	82.42
Death of persons above 90 - - - - - - - - -		1	1

Communications Received.—The Hypophosphites—Their Therapeutic Value.

Pamphlets Received.—Tenth Annual Report of the Trustees of the State Lunatic Hospital at Northamptom.

Died,—In Paris, October, 1865, of cerebral apoplexy, Prof. J. F. Malgaigne, one of the most eminent, learned and eloquent surgeons and teachers of the French capital.—In London, Nov. 2d, at the age of 66, John Lindley, M.D., F.R.S., Professor of Botany at University College, London.—In New Orleans, Sept. 8th, J. L. Riddle, M.D., Professor of Chemistry in the University of Louisiana.

Deaths in Boston for the week ending Saturday noon, December 9th, 70. Males, 36—Females 34. Accident, 3—apoplexy, 2—congestion of the brain, 2—disease of the brain, 1—bronchitis, 4—cancer, 1—cholera, 1—consumption, 9—convulsions, 2—croup, 5—diphtheria, 1—dropsy, 3—dropsy of the brain, 4—erysipelas, 1—scarlet fever, 2—typhoid fever, 4—hæmorrhage, 1—disease of the heart, 1—homicide, 2—infantile disease, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 2—measles, 1—old age, 1—parotitis, 1—pleurisy, 2—puerperal disease, 1—teething, 1—unknown, 3.

Under 5 years of age, 26—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 8—above 60 years, 8. Born in the United States, 49—Ireland, 13—other places, 8.